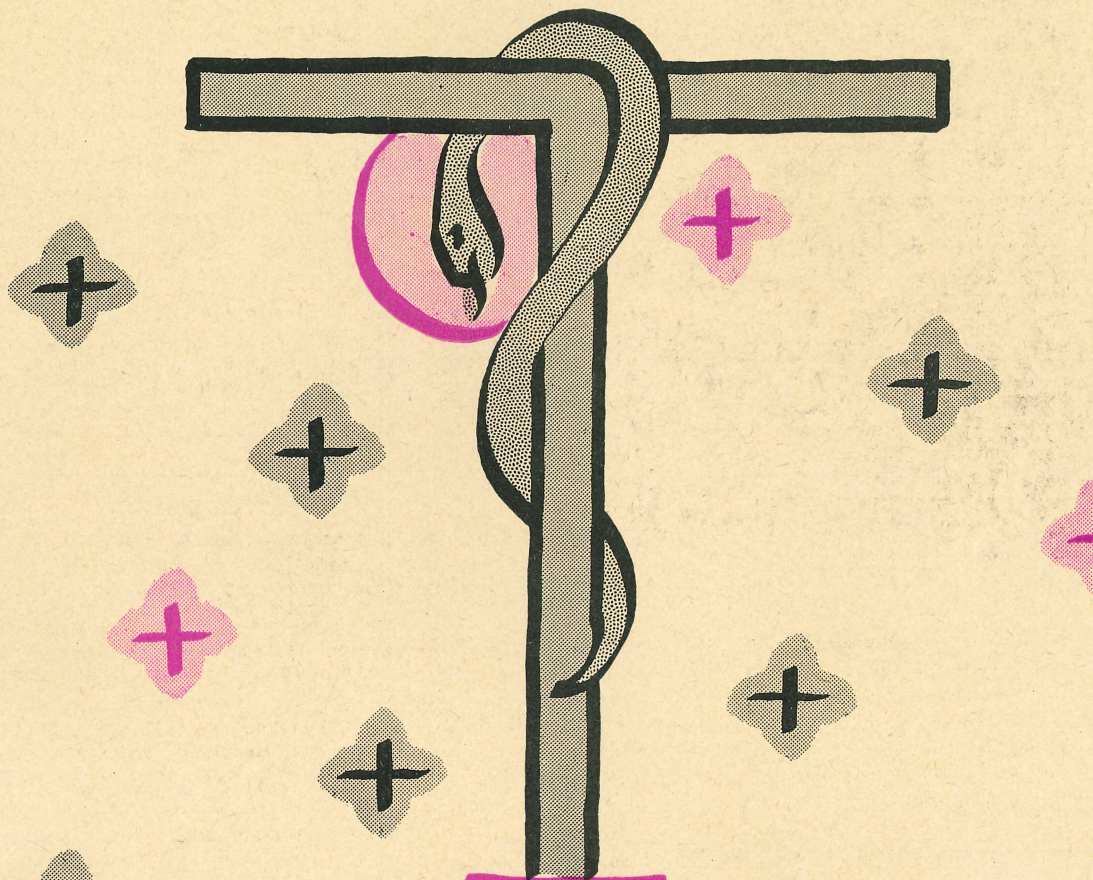
The MEDICAL MISSIONARY



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IN MARY'S MOTHERHOOD "will be found the explanation of another of her beautiful titles—'CAUSE OF OUR JOY' " . . . Father Christopher O'Toole, C.S.C., returns with some reflections on this prerogative of Our Lady.

KALA-AZAR (also known as "Dum Dum fever" and "Black fever") is one of those diseases so prevalent in India, but which we seldom meet in this country. Sister M. Helen will tell you all about it.

THE REVEREND JOHN HARRINGTON, C.S.C. formerly rector of the Little Flower Seminary, Bengal, writes from "first hand experience" on the training of **native clergy for India.**

"RALIONG DIARY" — intriguing, isn't it? You will **not want to miss** this "adventure in village touring" with the Sisters of Notre Dame des Missions in Assam!

IT CAME "BY POST FROM PINDI"—Sister Alma Julia's latest letter in which she threatens to solve the "problem of bed space" at Holy Family Hospital by "going tenting" in the back yard!

LIVE STOCK! PROSPECTS! INDIAN "SHOPS" AND SHHH! SNAKES! . . . You will find ALL THESE and MORE in "At Home and Abroad"!

AND DO NOT FORGET . . . "Babies in the Balance"—on the back cover!

THE MEDICAL MISSIONARY

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SISTER M. LOYOLA, S.C.M.M.
Editor

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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—Courtesy Jesuit Missions

Cause of Our Joy

by

The Reverend Christopher O'Toole, C.S.C.

The Annunciation is the feast day of Our Lady's vocation. Long before, it is true, Mary had been chosen to serve God as a virgin, but that calling was only a prelude to her sublime role in the plan of the Incarnation. "Behold the handmaid of the Lord; be it done to me according to thy word," is the prompt and generous response of Mary to the message of the angel. From that moment Mary will be called "mother" as well as "virgin," and in her motherhood will be found the explanation of another of her beautiful titles—"Cause of Our Joy."

Mary is the mother of Christ in a two-fold way; she is the mother of the physical Christ, and at the same time the mother of the mystical Christ. She has given us the Christ of Bethlehem, whose coming brought tidings of great joy; Christ, the Teacher, whose doctrine aroused new hopes in the hearts of men; Christ, the Wonderworker, the healer of broken bodies as well as of sick souls; the Christ of flesh and blood whose limbs were nailed to a cross and whose death on Calvary released a flood of grace and truth and light and salvation upon the entire world. As mother of the mystical Christ, Mary is the spiritual mother of you and of me. In begetting Christ according to the flesh, Mary became at the same time the spiritual mother of all the members of Christ's mystical body. We are all caught up in the love which Mary has for her divine Son, because in loving Him she also loves us. As mother of Christ, therefore, and our mother, Mary is the cause of our joy.

Under this title, "Cause of Our Joy," Mary is the patroness of the Medical Missionaries. On their emblem you will find a cross which stretches to the four quarters of the globe. In the center of the cross is an image of Mary encircled by the words, "Causa nostrae laetitiae," "Cause of Our Joy." The vocation of Mary was to bring joy to the world as mother of Christ. The vocation of the Medical Missionaries is likewise to give joy to others in distributing some of the riches which Christ has brought to them. This is done through a corporal work of mercy —by ministering to the sick and suffering on the foreign missions. The same deep, Christlike charity which prompts the preaching of the missionary, the apostolate of education, and a hundred similar works, urges other souls to that lofty service which is the healing of physical ills. By means of science and medical skill and motivated by the love of Christ, these missionaries strive to bring the tenderness and pity of Christ down to His least brethren. Theirs is the vocation of consoling children, caring for suffering mothers, bringing to the neglected sick the gentle influence of human love and thoughtfulness elevated and penetrated by the charity of Christ.

It is not difficult, then, to understand why the Annunciation is the patronal feast of the Medical Missionaries. In each of their lives there has been an annunciation—a call from God. Mary was called to be the channel of redemption and grace to all men. In humble imitation of Mary, thus the cause of our joy, her children desire to be instruments of joy to suffering humanity.

An advanced case of kala-azar . . . "literally only a parcel of bones covered with skin."

Kala-azar

by

Sister M. Helen, S.C.M.M., R.N.

When speaking of hospital work in India, one of the questions most frequently asked is: "What diseases do they have there?" It would be much simpler to answer if one were asked: "What diseases are **not** found there!" for India's teeming millions seem to be heirs to almost every known ailment!

Among the fevers, malaria heads the list. It is estimated that **one hundred million people** suffer from it annually! The three chief epidemic fevers of cholera, smallpox and plague still take a high death toll each year. Tuberculosis is wide-spread, as also are the dysenteries and other intestinal parasitical infections. About half the world's lepers—approximately 2,000,000—live in India. Only a small percent of these are segregated; the rest wander about the streets and countryside, and live by begging.

Kala-azar is another disease prevalent in India—one of which we seldom hear in this country. It is not as common as some of those mentioned above, and is confined chiefly to the low-lying areas of the east central part of the country, especially in Bengal and its adjacent provinces. There are other names for it: Sometimes it is called "Dum Dum fever," (Dum Dum being a suburb of Calcutta), or again "Black fever." This latter name is due to the dark pigmented patches which appear on the skin of a patient who has suffered from the disease for some time. The sickness itself is characterized by a long-continued, irregular fever, enlargement of the liver and spleen, anemia, and a progressive loss of weight and strength. It is caused by the protozoan, "Leishmania donovani," which is present in the spleen, the liver, the peripheral blood and the cells of the reticulo-endotheal system. Most authorities believe the disease is transmitted by the bite of the sandfly.

Kala-azar was known to have existed in India since 1862, but it was not accurately described until 1882, when Doctor Clark reported an epidemic that had been raging in Assam for some years. Leishman, in 1903, was the first to differentiate it from malaria when he described the parasite found in the spleen of a soldier who had died from long-continued fever, contracted at Dum Dum, outside of Calcutta. In the same year Donovan, working independently at Madras, found the parasite in the spleen of a living patient.

At the large Government Hospital in Dacca, Bengal, where our sisters are employed, the medical wards always have a large percent of kala-azar patients. It is a 300-bed hospital which must serve not only the city of Dacca, with its some 140,000 inhabitants, but also a large district which includes several scores of villages. This means beds are at a premium. Consequently, the "city patients" who have uncomplicated kala-azar are treated in the clinic, and are admitted to the hospital ward only in cases of absolute necessity. The beds are reserved for patients who come from the villages. Often these sufferers cannot obtain proper treatment from their local doctors, who are usually quacks, or partially trained men who treat them for malaria. This is not so inexcusable as it may sound; a positive diagnosis of kala-azar can only be made by laboratory tests, for which the village doctors are not equipped.

The incidence of the disease among men and women is the same, but far more men than women come to the hospital for treatment. Among the Mohammedans, this fact is not difficult to account for: Women who observe strict "purdah" (seclusion) will rarely go to a hospital where there are male doctors in attendance. Although "purdah" is not observed by the Hindu women, they, too, come to the hospital less readily than their men-folk. Everywhere in India the women are patient and long-suffering, and until they are unable to walk they will continue to do their cooking and to care for the family.

Kala-azar runs a very chronic

course, and often patients continue working for months, although they suffer from frequent bouts of fever. A patient suffering for several months without treatment becomes extremely anemic and emaciated. The polymorphonuclear leucocytes (the disease-fighting agents in the blood) are very much reduced, and the patient has little resistance against other diseases. Complications are frequent, and it is these, and not kala-azar itself, which are usually the cause of death. In the winter, bronchopneumonia from exposure to cold is not unusual, and bacillary and amebic dysentery are common at all seasons of the year.

Ascites and edema of the lower limbs occurs in the late stages. Often village patients do not come into the hospital until the disease has reached this point, and they are so emaciated that they seem to be literally only a parcel of bones covered with skin! In their loin cloths, the men look not unlike walking skeletons. except for their protuberant abdomens.

One of the most fatal complications, which is found fairly often in children, is "Cancrum Oris,' a gangrenous ulcer of the mouth. As this ulcer progresses rapidly, these patients are often beyond curative treatment when they reach the hospital, and death occurs within a few days. The odor of a "Cancrum Oris" patient can be detected immediately upon entrance into a ward, despite the use of disinfectants and deodorants. As the Mitford hospital has no private isolation rooms, these sufferers are usually put on a secluded part of the verandah for the comfort of the other patients!

When a "Cancrum Oris" patient recovers from a severe attack, the face is always left terribly disfigured. I remember little Sarola, a ten-year-old Hindu girl, who came to the hospital with a bad attack. For a few days she hovered between life and death. During this time her mother wept bitterly at the thought of losing her only daughter. Sarola recovered. But when the dressings were removed, her mother shrank back in involuntary horror. "Why didn't you let her die?" she exclaimed. "What can we do with such a child? We can never marry her —no one will have her!" Then she turned to me: "You may have her, Sister."

I replied that we should be happy to take her, and as the mother, several times during the days that followed, reiterated her intention of leaving the child with us, arrangements were made for Sarola to be taken care of at the Catholic orphanage. However, when the time for her discharge came, her mother had "changed her mind."

"But what will you do with her?" I asked.

"Oh, she can beg for a living," was the reply.

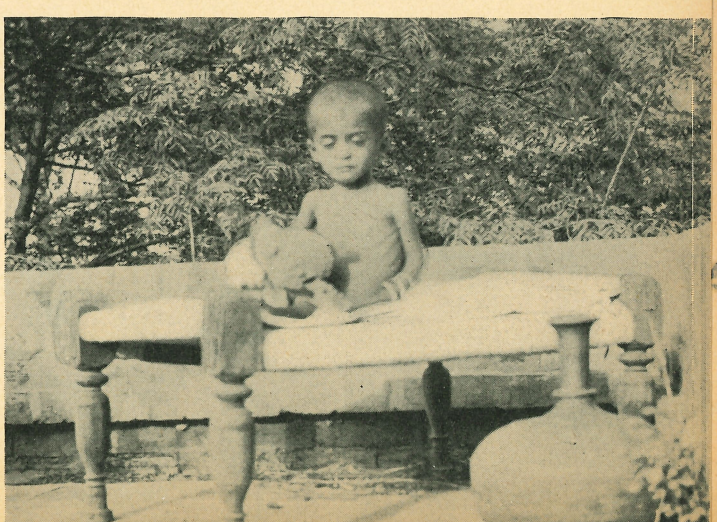
"But if you leave her with us," I persisted, "she will be well taken care of, and educated, too."

A shrug of the shoulders was the only response, as she took Sarola by the hand and led her away. Perhaps she was afraid the child might become a Christian—or it may be that she saw in the deformity an opportunity of augmenting the few paltry annas a day she earned selling vegetables in the bazaar.

With proper treatment kala-azar can be cured. The specific drug used is antimony, various compounds of which are available on the market. It is given intravenously in graduated doses, according to age, severity of the attack, etc. Due to the weakened condition, kala-azar patients require very careful nursing care. In the winter months they must be well protected from cold to prevent bronchitis and pneumonia. The mouth must be given special attention, first because the gums are often spongy and bleeding, and also as a prophylaxis of the dreaded "Cancrum Oris." Care must be taken, too, to keep the skin in good condition; bed sores easily occur when such patients are confined for long periods.

The diet must include plenty of vitamins and iron. In addition to the regular hospital diet of vegetable and fish or meat curry and rice, the kala-azar patients are given milk, fresh fruit and liver.

The course of treatment, especially in advanced cases, often takes a few months. Consequently, patients are likely to become discouraged and ask to go home before being fully cured. The nurse, by a sympathetic understanding, and an individual interest in her patients, can help greatly toward keeping them contented and cheerful.



In contrast to the boy on the opposite page, this lad has only a "slight attack" of the disease. Specific treatment and proper nourishment will soon cure him.

"Magnificat"

When one grows up in a thoroughly Catholic country, one literally swims in spiritual luxuries. One of these is Sunday Vespers. My recollection is of a majestic old gothic parish church, the gift of forefathers "in the ages of faith." The attendance was good—made up mostly of middle-class and working men and women; children were there, too. The Blessed Sacrament was exposed with all its attendant solemnity and Vespers were sung by a trained choir.

From my childhood days, I remember that it was all beautiful—but long! And when everyone stood up at the exuberant intonation of the "Magnificat," it was, in a sense, a relief. Yet it was more than that—it was the beginning of an anticipated thrill of joy produced by the musical language of the church—a language which speaks to the heart, even if the words are not understood!

So much for my childhood encounter with the "Magnificat." My next one was years later.

In a new community such as ours, everything from the bottom up had to be thought out, weighed and introduced. Saying the "Magnificat" after Mass was one of our practices from the start. Looking back, we may ask: "Why?"

It was only logical that we, who had placed our lives and our work under the patronage of the Mother of God, the Cause of Our Joy, should repeat her canticle, the song expressing the greatest and purest joy ever experienced by human heart. It was a song, too, in which we could express with humility our gratitude for the mission vocation to carry Christ to others.

The mighty import of the social message of the "Magnificat" I did not realize until one evening not long ago, when I heard it recited in a monotonous, low tone in the bleak, empty, rough-walled room of the House of the Catholic Worker in Philadelphia. It was the opening prayer before the talk of the evening, the speaker in this case being myself. The seemingly mechanical way in which the words were recited jarred on me a little, but the choice of it jerked me into thought: "Why had this been selected as an opening prayer?"

Then for the first time in my life the "Magnificat" came as a great message to me: "And from generation to generation is His mercy, to those who fear Him." . . . "Listen, present generation; you need not despair. You may hope! You are one link in the long chain of generations; if you fear God, He will show mercy to you."

This song (the Magnificat), being true poetry, is at once history and prophecy. Our Blessed Lady, in giving us this song of her heart, brought forth from that storehouse of her soul things old and new. Not one of the old songs of Israel fails to find its echo in this new song of the Mother of the Messiah. — Father Vincent McNabb, O.P.

Our generation needs mercy. To obtain it, it must fear God. The condition of mercy was proclaimed while Christ was still hidden in Mary, as if He could not wait till His birth to stir the world to make itself worthy of it. There is hope for the present-day world, and from generation to generation—**if** it fears God.

"He has shown might with His arm, He has scattered the proud in the conceit of their heart. "He has put down the mighty from their throne, and He has exalted the lowly."

This is a resume of the history of God's dealings with men in the Old Testament, written for the instruction of all time. These words are a guarantee that the humble, conscious of their origin and weakness, putting their trust in God, will triumph over rulers inflated with self-importance and depending on human might. What a comforting assurance from a reliable source—the Christ-bearer herself!—to a world distraught with sadness at what has been, and in genuine fear of what yet may be. The downfall of the mighty and the triumph of the lowly are inevitable.

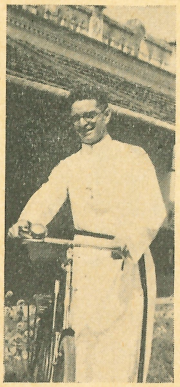
And the hungry will fare better, and the rich will depart without anything. There are different kinds of hunger—the hunger for justice is one; the hunger for food, another.

The rich, that is, those who are attached to goods solely for the sake of their own ease or power, will find no satisfaction — only hollowness, emptiness, in their lives.

To poor men and women, waiting for a bowl of soup or a cup of coffee in the street, or sitting on hard benches in a hall, the words of the "Magnificat" must proclaim deliverance—provided, of course, that they, too, fear God.

As one's heart is stirred reciting or chanting the Virgin Mother's song of promise that "God will show might with His arm and deliver the hungry and lowly from their miseries, something like a shadow of sadness and frustration steals into one's heart and mind—because, alas! in our generation too few fear Him. Yet hope must triumph, for we have His promise: "As He spoke to our fathers, to Abraham, and to his seed forever."

—A.D.



—Courtesy The Bengalese

For Native Clergy in India, Burma, and Ceylon

by

The Rev. John Harrington, C.S.C.

Father Harrington—formerly rector of the Little Flower Seminary, Bengal.

It was Pope Leo XIII who happily prophesied, "Thy own sons, O India, will save thee." His prophecy was a fortunate one for India, since it is now being so richly fulfilled. In a number of dioceses seminaries for high school students have been erected, and these students on completion of their studies, go to regional seminaries for philosophy and theology. Among the latter, the most famous is the Papal Seminary at Kandy in Ceylon. Within twenty-five years after its establishment in 1893, it had given to India no less than one-hundred fifty native priests, of whom two were raised to the episcopacy.

But I must confine myself to a description of the Little Flower Seminary in Bengal where I spent the eight years of my life in India. Thanks to the ability and zeal of the Reverend J. B. Delaunay, C.S.C., the seminary was opened in 1922. Where once a dense jungle was fearfully avoided, this energetic priest set to work to build. Difficulties were manifold. To raise the piece of land above flood level tons of dirt had to be carried by the first students in baskets upon their heads. A brick wall to hold in the dirt was hastily constructed and work was begun on the bamboo-walled, tin-roofed building. Father Delaunay's dream of a seminary was fulfilled in spite of occasional disappointments. Students came and saw, but very few conquered the discipline of the seminary. Life in the jungles was too carefree to fit into the regularity and studies demanded for the priesthood. The words of Christ were strikingly true that "many are called, but few are chosen." Of the hundreds who came and tried only ten have become priests. These have been proudly welcomed among the people and have proved themselves extremely worthy of the zeal and patience of the founder and the succeeding rectors of the seminary. As tradition establishes itself, vocations will increase and results will be more successful.

The value of a native priest is inestimable in India because the mentality of her people is so different from that of Westerners. Kipling's, "East is East and West is West, and ne'er the twain shall meet," did not spring from mere poetic imagination; it is based upon keen observation. The foreigner in any land can only reach the border line of the natives' philosophy of life. The natives' concepts of culture and civilization, however are intimately bound up with their religion. It is here that a trained native priest can sympathize while he instructs. His listeners hear his message more gladly and more convincingly because it is no longer foreign. Often, too, the highly idiomatic and figurative language of the Orient is a stumbling block for the Western missionary, whereas it flows limpid from the lips of a native.

South India has its native clergy well organized, and if the Bishops can continue to sacrifice funds for the initial losses in the seminaries, North India will have a comforting number of native clergy in the near future. We can not do better than ask our readers to pray fervently for the success of the high-school seminaries of India, Burma and Ceylon.

Dacca Seminarians at St. Albert's, Ranchi.

—Courtesy The Bengalese

By Post - - From Pindi!

by

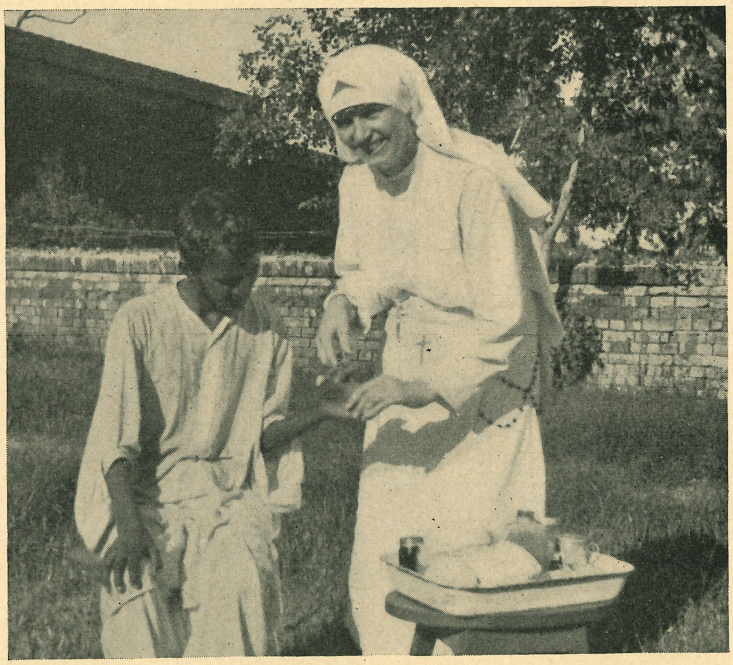
Sister Alma Julia, S.C.M.M., Ph.G., M.T.

Dear Sisters and all:

There is Exposition all day at Lal Kurti, so some of the sisters have gone to the High Mass at 9:30; the rest of us expect to go over for the sermon, Benediction and Procession, which begin at 5 p.m. It is a glorious day—a little hot, in the sun, but otherwise really lovely.

The hospital is supposed to accommodate about sixty patients, but our census has gone over **eighty,** just temporarily, though we have kept between seventy and eighty for some time. Sister Margaret Mary rented some extra beds, and we have had to put two or three babies together in the larger baby beds. There are five or six beds in each four-bed ward, and eight beds in the six-bed ward —and even two or three beds in some of the **private rooms!** We could fill a hundred-bed hospital right now, if we had it here! The way it is, we coax one patient to go home to make room for another; and we discourage dispensary patients from coming as "in-patients" if they can possibly be treated by coming daily to the clinics. So you see the need for larger quarters!

I love statistics—and here are a few more. We have been averaging fifty deliveries per month the past three months, and have had almost one hundred major operations so far this year. **All** records in **all** the departments have been broken—**last** but not least in the clinics. We now have a special ante- and post-natal clinic on two afternoons a week, besides opening the dispensary regularly every morning. St. Francis dispensary is open two afternoons a week too—on different afternoons than the clinics here—under the care of Sister M. Stephanie and Sister M. Bernadette. The latter is also my chief helper in the dispensary at the hospital. All of us like the baby clinic the best, as it isn't so crowded, and the youngsters are really cute. A lay doctor (and she is splendid) does the morning dispensary here, and the St. Francis afternoon clinics. Sister Elise does the afternoon clinics here, and Sister Alma still has the "mems" (European patients) and the general work about the hospital. Both Sisters Alma and Elise do a great deal of teaching besides. Let me tell you about our training school, and when you count up the numbers of different groups—and languages—you will understand that this is a task in itself!



Sister Alma Lalinsky, M.D., pauses to "smile a greeting" as she dresses the hand of an "out-patient."

Sister Camillus has finished her course in midwifery and has just returned from Lahore, where she took her final examinations, so she is no longer among the students. But there is still an abundance of pupils:

1. An American nurse (a Protestant missionary), taking the six months' course in midwifery.

2. Two French Franciscan Sisters from Ajmere, taking the midwifery course, also (Sister Elise teaches them as they know very little English!).

3. Six native Sisters from Patna who have finished their nursing and are now beginning midwifery.

4. Twelve South Indian girls, five in their second year of the regular nursing course, and seven in the first year.

5. Seven Punjabi girls, two in their second year, and five probationers.

So—isn't that quite a training school? (And quite an assortment of languages, when it comes to teaching, too!) We could take more, just as we could take more patients—**if we only had the room!** In the case of the patients, I am trying to convince Sister Margaret Mary that she should buy or hire an army tent and make a ten-bed ward out of it in the back yard! Wouldn't that be grand?

There has been quite a lot of cholera around, but conditions are not so bad here as in Patna. We had some cases in the dispensary but were obliged to send them to the cholera hospital, since with things as crowded as they are, we have no facilities for isolation. Sister Bernadette and I took the bicycle ride out to the cholera hospital to see about one of the patients we had sent there (the patient got better, by the way). We found the hospital not half-bad. There was room for about six patients altogether. Only two patients were in that day—one man and one woman. There are no nurses, but that is common in an Indian hospital. Some of the "grandest" have no provision for nursing care. For that matter, some of the hospitals don't have beds, either—you bring your own! A relative looks after you, and the doctor comes around once or twice a day and prescribes. He may give the medicines and treatments himself, or (what is more likely), the "dispenser" makes the rounds and doles out the daily supply of medicines, gives injections, etc. At the cholera hospital, the doctor makes his rounds twice a day. There was a sweeper in attendance, and apparently a cook and a bearer to look after the diets. The Municipality furnishes the food. In ordinary hospitals the patient often has to provide his own food; this is usually the case here, too. In fact, it is necessary in the case of strict Hindus, as they cannot take food from us.

Speaking of Dispensers — we have received a notice that after May 31, 1942, the Punjab State Medical Faculty will not recognize certificates (for dispensers) issued by Civil Surgeons, but only those people will be permitted to take the Dispensers' Examination who have had their training at one of the following places:

Medical School, Amritsar.

Medical School, Ludhiana.

Lady Harding Medical School, New Delhi.

St. Stephen's Hospital, Delhi.

Holy Family Hospital, Rawalpindi.

Almost everyone in town (including the Cantonment) seems to have "fever' these days. There is a regular epidemic of "sandfly fever" in the Cantonment, and many of the patients seem to have kala-azar, too, so it is quite a problem to decide what to give them. Malaria season is also in full swing, so that doesn't help matters much.

I think that is all the news at present. We are all quite well and in the best of spirits.

In J. M. J.,
Sister Alma Julia

An "in-patient" arrives — "bag and baggage"—at the doors of Holy Family Hospital. But will she "find a bed?"

Raliong Diary

Taken by permission from the chronicle of the Sisters of Notre Dame de Missions, in Raliong, Assam.

About 8:30 a.m. we were off on our first village tour, accompanied by three of our Raliong Christians, two women and a man, who were to act as guides and at the same time to carry our baggage. The most important article that we took with us was a medicine chest, well stocked with the most effective remedies.

"Hot Springs" was our goal. The track leading there is only half a mile distant from the Convent, but—the path leading to it traverses swampy rice fields. There was danger of our horses bogging, so we had to look for a better trail. This took us about two miles out of our way.

Like all the roads in Synteng, the path, once found, was anything but good, and we could not be sorry that it was the horses' feet and not ours that had to traverse the rocky way. The horses, naturally, did not complain, but they showed their pleasure at being quit of the rough road by having a good gallop when they came to a level space.

The first village we reached was called Khongmong. The houses on the outskirts seemed to be deserted—and we soon learned the reason: There was a wedding feast in progress in the village, and all the people were partaking of the good things, and rejoicing with the bride and groom. The former was a girl of about 14 or 15, and looked very shy as she came forward to greet us. The merry-makers included not only all the people of the village, but crowds from far and wide who had come to pay their respects to the happy pair.

Once the news got around that we had medicine with us, the "Jingkhawei" (celebration) was forgotten. Everyone g a t h e r e d about us. "Dwai" (medicine) has some sort of charm for the Syntengs, and for the next hour we were kept busy dispensing remedies to eager clients. Sister remarked that it was customary to give out wine at wedding feasts, but we were changing tradition: We were dispensing medicine!

The next village on our course was Mawlingdeng, and here, too, our kit proved very popular. We were also asked to visit two or three villagers who were ill. Once we had done all we could, we continued on our way.

All was going along nicely. It was about two o'clock, and for some time our path had led through paddy fields on a track that was fairly good. Now we were to say farewell, for a while, to our level ground and begin the ascent to the hills—but—between the hills and us there was a good-sized creek!

Once upon a time there had been a bridge, but all that remained of it were two little planks, about a foot wide, jutting out on each side, with a gap of a good three feet between them. We felt that we could make the jump easily enough, but the problem was to get the horses over. Paulus, our man, was quite disturbed, and went off down the paddy field to look for a better crossing. It was not the width of the stream that balked us; we were on low ground, and to get to the hill on the opposite bank the horses would have to jump a height of about four feet, with the possibility of a slip —and a broken leg.

At length Paulus returned with the news that he had "found a better place," and off he led "Bus," to get him over. Though we were watching the whole performance, it is impossible to say just what happened. All we knew was that in a twinkling of an eye, "Bus" was out of sight! The space between the paddy field and the hill was too great, and he had landed in the creek!

When we reached the spot where he had "disappeared," we found him unable to move, his whole body stuck in the soft mud of the bank, and only his head in sight. He was struggling with all his might to free himself, but it did him no good at all.

So—the five of us went down into the paddy field and got to work. It took us about twenty minutes—and what sights we were! Mud, mud, mud! Nothing but mud! But at least our brave "Bus" was safe—though still on the wrong side of the creek!

A twenty-minutes' walk discovered a better crossing, and by 5:30 we were on the banks of the Kopli river, which meant that we were close to "Hot Springs," and the "Rest House" where we were to spend the night. For about ten minutes our man shouted. Then, in a distance, we saw a man pushing along a raft—some bamboos tied together: This was the "launch"

The love of Our Lord cannot be separated from the love of souls.
—Just de Bretenieres

on which we were to make the crossing! Only two could go at a time—and the raft was far from water-tight. We took our places. Before pushing off, the owner paused a moment and then issued the following command: "Don't move. Don't shout. Don't speak. Don't laugh. If you do . . . do la iap (you will be dead)!"

It took three trips to get us, our women guides, and our baggage to the opposite bank. There were still the horses and Paulus. The latter took a bridle in each hand and began to swim, coaxing his charges to follow "Bianca," who does not like water, began to jib, but "Bus" struck out and so his mate decided to follow suit. It was a pretty sight to see them battling with the current and keeping side by side, their heads alone visible. In ten minutes they were across—and now we were only a quarter of a mile from the "rest house." This latter was already occupied — the Haflong magistrate and his wife had arrived that afternoon, and there was much "to-do."

Our first thought was for the horses—the district is noted for its tigers, but the watchman at the stables assured us that there would be no danger from these jungle prowlers that night: There were too many people about.

We knew we should not be able to get the people together in the morning until the distinguished visitor had gone, so we took advantage of the opportunity to seek out the famous "hot springs." It was fascinating. The roaring of a waterfall guided our steps, and we found the boiling water oozing out of the ground and forming a stream which, a short way off, flowed side by side with an icy cold one until both emptied into the Kopli.

It was about nine o'clock when we began our work of catechizing. The earnest faces of these poor people, as they stood around eager to catch every word we said, the wistfulness with which they gazed at the catechism pictures which we had brought with us, was beautiful to watch. Many of them were Mikirs, and as we spoke only Khasi, they did not understand us, and one of the others had to act as interpreter.

Then it was time to be on the move again, this time back to Tuksi, where we had paused the previous afternoon only long enough to tell them that we would be there about 3:30 the following day. Actually it was almost 4 when we arrived, and all the Christians came out to meet us.

. . . Obedience to God's law as expressed in the voice of conscience is the foundation of all roads to peace. That foundation must itself be builded upon faith. Moreover, faith and Christian self-discipline do not contain in themselves the guarantee of peace. Charity is the binding material of humanity's road to peace—charity, first toward God, and then, in God, for our fellowmen in whom we recognize His image. Charity first, last and always, that is and always will remain the King's Highway—Most Rev. Francis J. Spellman.

Tuksi was once a fair-sized village, but about six years ago an influenza epidemic had wiped out whole families. We spent the evening visiting the sick. Everywhere we went, the crowds pressed us.

We spent the night in a school which consisted of one room, about 20 ft. x 15 ft. It was very dilapidated; the floors were all broken, and half the thatch roof was missing, so that the stars could serve us as a night-light! The big question was where to put the horses. We had been told that tigers were frequent nocturnal visitors, and so we came to the conclusion that "Bus" and "Bianca" would have to be our companions. About 7:30 we told the man to bring them in and tie them at the end of the room where the boards were more sound. A couple of benches served to close up the biggest holes in the walls, and with the stars overhead and breezes on all sides, we lay down to rest—but got none!

What a noise two horses can make! First lying down, then standing up, then kicking and stomping! We wondered if the animals at Bethlehem had been so boisterous!

Five o'clock the next morning was not unwelcome—and already crowds of people were waiting for "medicine." At 7 we began to recite the rosary, which was followed by hymns and a catechetical instruction. And then we opened our medicine chest. It was almost three hours later before we could leave the village, so busy were we kept!

Our return journey was made by a different route, as we wanted to visit several other villages. Quite a number of the Christians of Tuksi accompanied us as far as the river, five miles distant. Here we once more had difficulty in getting the horses across; there was only a little bamboo bridge about 1½ feet wide. The current was so strong that it carried the horses along with it. Even "Bus," the braver of the two, tried three times without success. At last Paulus, who is a splendid swimmer, jumped in with the pair, and they followed him, struggling with all their strength against the pull of the stream. The Christians in the meantime had carried over our saddles and baggage, and so we bade them good-bye.

We were due to arrive home that evening, so we could not stay long in any of the villages which lay on our way, but in each one we dispensed medicine and visited the sick. It was about 6 o'clock when we were once more back in Raliong—a little tired, one must admit, but very happy at the thought that we had been God's instruments in relieving in a small measure so many sick and suffering people.

News From Home And Abroad

Profession

February 11, the Feast of Our Lady of Lourdes, brought Reception and Profession day once more. The ceremony marked the close of an eight-day retreat, given by the Rev. Leo Sponar, C.Pp.S., of Charlotteville, Va. His Eminence, Denis Cardinal Dougherty, delegated the Rt. Rev. Msgr. Thomas F. McNally of Jenkintown, Pa., to preside at the ceremony, which was held in the chapel of the Motherhouse in Fox Chase.

Five novices made their first profession: Sister M. Raphael (Joan Devane) of Chicago, Ill.; Sister M. Loyola (Marguerite Verhille) of Maybee, Mich.; Sister M. David (Mildred Gearhard) of Milwaukee, Wis.; Sister M. Benedict (Florence Young) of Philadelphia, Pa.; and Sister Jane Frances (Jane Heaton) of Akron, Ohio.

The postulants who received the habit were Miss Agnes Clara Paulus of Chester, Ill., in religion Sister M. Felicia (Sister Felicia is the twin sister of Sister M. Dolores, S.C.M.M., R.N., who was a member of the mission band that went to Rawalpindi last fall); Miss Anna M. Tassinari, R.N., of Salem, Mass., Sister M. Gemma; Miss Eva Madeline LaBombard, R.N., of Lebanon, New Hampshire, Sister M. Stephen; Miss Anna Julia Matyi of Lorain, Ohio, Sister M. Juliana; Miss Mary Conahan of Bethlehem, Pa., Sister M. James; Miss Marie Alice Frey of Pittsburgh, Pa., Sister M. Andrew; Miss Mary Catherine Duckgeischel of Santa Clara, Cal., Sister M. Luke; and Miss Rita Watson of Brooklyn, N. Y., Sister M. Joseph.

* * *

The Hundredfold?

We really ought to keep a diary. The funny and interesting things that happen here would fill a book in a week—but when it comes to setting them down in a letter, even the events of seven days ago seem so old that we have to strain our memories for them. Time moves twice as fast out here—really! It must be the heat!

Yes, it is still quite warm in Pindi. The thermometer goes from 65° to 95° almost every day. But it is very pleasant at present, although the sun is still too strong for bicycle rides during the noon recreations. But the time will come soon, and no one enjoys it more thoroughly than "herself," who spent her years from seven to twenty-one on a "bike"! (Sister Elise, we might remark, is from Holland, where bicycles are as common as Fords are here!) I never expected to ride again—maybe this is part of the hundredfold promised to us!

* * *

A Cap for a Climax!

Our family has been enlarged by two new groups lately: Five student lay nurses from the Punjab and two Ajmere sisters. We call

Seated, left to right: Sisters M. David and Jane Frances.

Standing, left to right: Sisters M. Raphael, Loyola and Benedict.

the former the "Punjabis" to distinguish them from the girls from South India, but they do not seem to like the name. I gather that to them it has sort of a "hill-billy" flavor, but I insist that they ought to be proud of it, because the Punjab is considered the most advanced and most highly favored province in northern India in respect to education, standards of living, general health, etc.

The girls are nice youngsters, convent-bred, well-developed, active and "keen." They look with longing eyes at the caps of the older nurses, and can hardly wait for the day when they will be allowed to help on the ward, and actually "do up a patient"!—Sister M. Elise Wijnen, M.D., Pindi.

* * *

"Live Stock"—ala India!

Your farm in Fox Chase has nothing on our compound, for we can boast two goats, a dog, rabbits, chipmunks by the dozens, lizards, snakes and a lot more! Every day we have cows for two hours while they are milked. The other day it was pouring rain, and the little boy who minds them was faithfully guarding his "herd," not a stitch on him, but somberly holding an umbrella over his head! Just what he was keeping dry, I don't know!

* * *

Prospects

Patna will soon catch up to Pindi if it keeps on! The priests sometimes go to great trouble to bring patients in from the villages—they are real missionaries. And the hardships and inconveniences they endure out in the villages really amount to something.

If you ever have the opportunity, you should read the book by Father Richard A. Welfle, S.J., "Blood on the Mountain;" also his "Ruined Temple." They are boys' books, but they do give splendid descriptions of the Himalaya mountain country.—Sister M. Pauline, R.N., Patna.

* * *

To Market, to Market

Some parts of India are quite Europeanized, and one can go to the bazaars and purchase almost anything. Indian shops are fascinating. The variety in size is infinite. For instance, one patient told me that her husband kept a "shop." Shortly afterwards I chanced to pass his place of business: It was merely a small glass case containing a few dozen packages of cigarettes, some matches, and a few jars of sweets!—Sister M. Thomas, R.N., Dacca.

A Punjabi mother and her two young "hopefuls"

Shhhhh! Snakes!

A letter from India is not complete without a snake story; so I shall contribute my bit.

One dark night during my rounds I saw an unusual shadowy shape just under the low bed of a woman patient. I flashed my electric torch (most unexciting! It should have been a lantern, at least!) and beheld crawling in my direction a fine specimen of reptile, about as thick as a man's middle finger, and eighteen inches (post mortem statistics!) long.

My request for a stick, with the remark: "O khanay shap acche," (there is a snake), brought the ward servants (and their families, too!) up from their "floor verandah" beds. Sultan (that is really a grand name) came bravely along with the requested stick, and with an experienced hand felled the "beast!" It was identified as a Bengal cobra—not being experienced in recognizing snakes, I could not dispute the fact.

An unsuccessful search for the mate ensued. At last we gave up, buried the original disturber of the peace to thwart the attentions of a possible partner, and so—once more all was quiet!—Sister M. Cecilia, R.N., Dacca.

First Impressions!

About two months ago our travelers who had just arrived at their new home—Holy Family Hospital in Pindi—wrote in a somewhat hurried fashion that they had "made it" and were already hard at work at their new duties. They promised further details of "first impressions" and here are some of them!

Sister Damien reports as follows: About an hour before we reached Pindi we "cleaned house" —that is, we dusted our suitcases and ourselves, so we looked quite respectable, at least on the outside! Two of us were leaning out of the train window in a somewhat "futile attempt" to catch a glimpse of some of our sisters. But, once we arrived at the station, we soon spied them—three Medical Missionaries all in white — Sisters Margaret Mary, Alma and Magdalene. They were all ready to receive us and had hired three "tongas" (little two-wheeled carriages drawn by a horse) to take us to our new home. We certainly presented a rather peculiar appearance when we were all crammed into our respective "conveyances." The suitcases occupied all that part of the "tonga" usually reserved for "leg-room," while the "legs" had to manage to stay put on top of them. We had to hold on with both hands—otherwise, there would have been a grand slide "down and out."

At the hospital we were quite ceremoniously welcomed. The nurses had put up a decoration of flowers with "welcome" written on it, and as we passed them they threw garlands of flowers around our necks.

First of all we went to the chapel—it is small but very nice. We had much to be thankful for—as you all know. Then we went down to meet all the sisters who had come over from the hospital in the meantime to see us. And what a welcome we received! Everyone asked a dozen and one questions all at the same time—and begged for mail!

The little Indian children are so nice. All the day long they greet us with "Salaam." Sometimes they say, "Salaam, Doctor Sahib," and when we answer, "Nay, salaam, Sister sahib," they laugh and laugh and laugh as though that were the greatest joke!

Another "traveler," Sister Dolores, continues with:

This past week I have been on duty on first floor, learning the ropes from Sister Jude. We have four small wards containing five beds. At night each patient is permitted to have a woman relative stay with her; the latter bring their own "charpais" (string beds). Five beds and five "chapais" in a room about the size of our parlor in Philly do not make for any extra "elbow room!" And the night nurse has to do some clever maneuvering to reach the patients. Sometimes she even has to move the "charpais"—a la relative—out of the way!

Our star patient, in my estimation, is an old lady with a fractured femur. She was here about a year ago with a fracture on the opposite thigh—but she left before it was all healed, on the plea that she had to "look after my sick goat!" Last Tuesday she came back at about 5 P.M. with the other hip fractured. Said she: "I came **early** this time! I broke it only at about twelve or one when I was picking up stones and lost my balance and fell backwards! Now before you start anything I wish you would give me a good strong 'tika' (hypo) or an anesthetic." We gave her the "tika" and put her in a Thomas splint. All the while she is in the best of spirits and seems to like it here very much.

By the way, things are moving on! The "dhobi" (laundry man) no longer takes the hospital wash away in a "tonga." He uses the more modern method of transportation—a bullock cart!

Sister Nicola, who is busy "keeping house" in Pindi, concludes with her "impressions" of the weather! Most of the time when speaking of India, you think only of the heat. But we soon learned that it can be very cold here too! I am wearing more clothes now than I ever wore at home! We had scarcely arrived, when we set about knitting sweaters and shawls. Each of us (the new arrivals) has an older sister to help her. Sister Alma is mine—and you should see her knitting! She clicks the needles at a pretty fast pace, and not a day passes without finishing her "daily dozen" of "knit one, purl one." When the real cold comes (This little cold spell is "only the beginning," we shall be all prepared.

And as this is also "only the beginning" of their stay in Pindi—we shall be expecting to hear of many more "first impressions" in the future!

Another method of transportation—a bullock cart.

In Our Library

CATHOLICISM AND THE PROGRESS OF SCIENCE, by William M. Agar, Ph.D. The Macmillan Co., 1940. Cloth bound, 110 pp. $1.00.

There are many among the laity as well as among students of the sciences who have been looking and hoping for just such a book as this. Very concisely and, as his references prove, very accurately, Dr. Agar has outlined the history of science from its inception to the present, together with the many controversies which have arisen between scientists and the Church.

The work is divided into five parts, each treating individually the controversies prevalent in the specific scientific fields: geography, astronomy, geology, and organic evolution.

Today, these subjects are discussed on all sides. Many have been deterred from searching their depths because they lay buried in an avalanche of material. CATHOLICISM AND THE PROGRESS OF SCIENCE picks out the salient facts for us and, at the same time, includes the opinion of several prominent men of science. The book was written for the general public, Catholic as well as non-Catholic, and forms one of the links in that chain of very acceptable works called the "Christendom Series."

The "Bibliographical Note" gives information about some splendid references on the topics discussed, which will prove an invaluable help to those interested in further study. The "Abstract for Study and Review," which is included, presents a factual outline that sums up the entire work. This book challenges the Catholic laity to intelligently prepare themselves, so that they may effectively combat the arguments of materialistic scientists.

MARYKNOLL MISSION LETTERS. The Field Afar Press, N. Y., January, 1942. Paper bound. 55 pp. $0.50.

"Maryknoll Mission Letters" resumes a policy inaugurated by one of the founders, Bishop Walsh, almost a quarter of a century ago. To quote from the Introduction of the present volume, the Bishop "appreciated very keenly the latent powers in seemingly forceless and unmarshaled words which have fallen casually from the pen in a personal epistle. He wrote very simple but very excellent letters himself, and prized highly the letters sent from overseas by Maryknoll missioners."

". . . Two volumes were published, and then the practice was interrupted. In this war year of 1942, we renew the good tradition."

"We propose publishing a small volume of Maryknoll Mission Letters similar to this present one every six months."

The book is small; it is simple, and in its simplicity there is a splendidness. To quote again from the Introduction: "We read books and pamphlets and articles, but we never feel as sure that we have come close to the writers as when we read their letters." Here are twenty-one letters, long, short, humorous, somber—but above all, real, that bring to us in the "home lands" the thrill of our heritage as Catholics: Our obligation to be a part of the "Church growing," no matter what our state in life.

Error may flourish for a time, but Truth will prevail in the end. The only effect of error ultimately is to promote Truth. — Cardinal Newman.

HALFWAY TO HAPPINESS, by the Rev. Albert H. Dolan, O. Carm. Carmelite Press, Chicago, Ill., 1941. 32 pp. $.10.

"Halfway To Happiness" is a deceptive title; the author shows us that here on earth we can go not only more than half-way to happiness, but even begin our heaven here and now, through grace. That sounds like a big order for one little pamphlet to fill. However, when one sits down to digest these pithy pages, one finds that Father Dolan has given us the very "Summa" of St. Thomas for our meat. It is true that he has not given, or tried to give a complete digest of every chapter; it is but a selective digest. His choice was decided by the material most necessary to present practical truths for the successful management of life by the ordinary person.

R. I. P.

Please pray for the souls of:

Rt. Rev. George X. Schmidt, Cincinnati, O.

Rt. Rev. Msgr. C. A. Sullivan, Springfield, Mass.

Rt. Rev. Msgr. J. P. Schellhorn, Rochester, N.Y.

Rev. C. T. Dolan, Detroit, Mich.

Rev. H. Eilerman, Harrison, Ohio.

Rev. Emil W. Hottinger, C. Ss. R., Philadelphia, Pa.

Sister Mary Imelda, Hartford, Conn.

Sister M. Rose, Notre Dame, Indiana.

Sister M. Lucina Loughery, Hartford, Conn.

Mrs. Agnes Neuhaus, Gelsenkirchen, Westphalia, Germany (Mother of Sister M. Monica, S.C.M.M.)

Mrs. Joseph A. Craven, New Orleans, La.

On the 18th of every month the Holy Sacrifice of the Mass is offered for deceased subscribers and benefactors.

MRS. O. J. HETTEL
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"Babies In The Balance"

You Can "TIP" The Scales!

Fortunately, these eight little "mites," snapped in the baby ward of Holy Family Hospital, Rawalpindi, "tip" the scales in the right direction!

BUT—in India TWO MILLION AND MORE babies die every year!

Why? Malnutrition and disease!

Careful nursing and hospital care alone can save them.

They depend on YOU to help them "tip" the scales!

And you can do the "TIPPING"
By JOINING in the "BLACKING"
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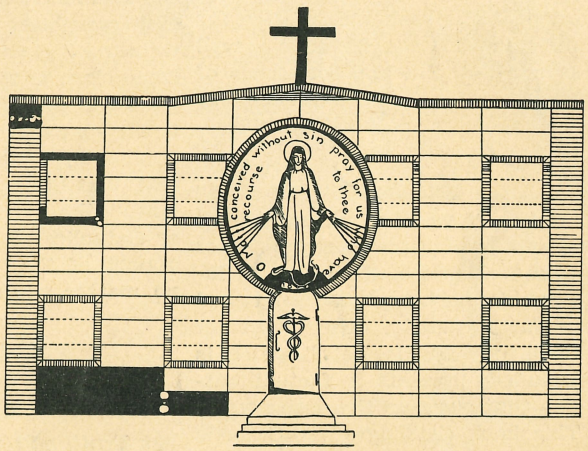

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Dear Mother Dengel:

I am delighted to join in your "black-in bricks" campaign. Enclosed please find $..... to cover .....bricks

Very sincerely,

.....

HELP THE SICK - - - BLACK A BRICK